Federal Reserve Bank
Authorization for Expedited FedGlobal® Enrollment

Please complete the information below and submit authorization with your *FedGlobal® Service Request Form*. If your institution would like to participate in testing, this letter should not be used.

☐ My designated Service Provider _____ will transmit
<div align="center">(Sending Point Name and ABA)</div>

cross-border payments on my behalf. The Service Provider has already completed testing with the

Federal Reserve Banks and has been exempted from additional testing for FedGlobal ACH

Payments Services. By not testing, my institution assumes responsibility for any operational issues

encountered in Production.

☐ My Software Supplier/Vendor _____ provided an
<div align="center">(Supplier/Vendor Name)</div>

application that I will use to create cross-border payments. The Supplier/Vendor has already

completed testing with the Federal Reserve Banks and has been exempted from additional testing

for FedGlobal ACH Payments Services. By not testing, my institution assumes responsibility for any

operational issues encountered in Production.

Authorization

Name of Participating Institution or Non-DI Processor:	Nine Digit RTN/ETI:
Contact Name:	Phone #
Signature (authorized ACH signer on Official Authorization List):	Printed Name:

Last Updated: November 2014